

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035951

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 7 1963

1. PLACE OF DEATH

a. COUNTY

Howell

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

West Plains

Length of stay in 1b

11 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION West Plains Memorial

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Ozark

c. CITY

OR TOWN

Bakersfield

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Rebecca

Middle

Inez

Last

Jackitt

4. DATE

OF DEATH

Month

October

Day

4,

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐Widowed ☒

8. DATE OF BIRTH

6/4/18

9. AGE (last birthday)

92

10. UNDER 1 YEAR

Months

Days

11. UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (City and state or country)

Tennessee

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Upton

13b. MOTHER'S MAIDEN NAME

Nancy Green

14. NAME OF HUSBAND OR WIFE

Sherman S. Jackitt, Dec

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.

(If yes, give war or dates of)

none

17. INFORMANT

Artie Sigler, Bakersfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

3 da

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fractured ribs

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3:15 PM

to

and last saw her alive on

10-4-63

Death occurred at

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dorothy E. Wilson, M.D.

22b. ADDRESS

West Plains, Mo.

22c. DATE SIGNED

10-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/7/63

23c. NAME OF CEMETERY OR CREMATORY

County Line Cemetery near Bakersfield, Mo.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Carter Funeral Home, West Plains, Mo

25. DATE RECD. BY LOCAL REG.

10-5-63

26. REGISTRAR'S SIGNATURE

Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10465

20770

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herman R. Depriest

Licensed Embalmer No. 965-Ros.

P. O. Address Thayer Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.